

**DEEP EAST TEXAS COUNCIL OF GOVERNMENTS
REGIONAL HOUSING AUTHORITY
FAMILY SELF-SUFFICIENCY PROGRAM
Initial Assessment**

Participant's Name _____

Date of Assessment _____

Participant's Signature _____

Name of FSS Coordinator _____

Housing Subsidy:
 Section 8 HCV

Member Status:
 Head of Household Adult Member on Lease

The purpose of this Inventory is to develop my Individual Training and Services Plan (ITSP) based on the requirements as stated in the FSS contract. The ITSP can be modified to meet my needs upon mutual agreement with my FSS Coordinator. You will receive a copy of the Individual Training and Services Plan (ITSP).

Q#	QUESTIONS TO PARTICIPANT	RESPONSES	COMMENTS
CATEGORY: Basic Needs / Community Resources			
1.	Are you currently working with other community programs or agencies?	Yes No N/A Other	
2.	Have you worked with other community programs or agencies in the past? Who, when, programs/services?	Yes No N/A Other	
3.	Do you have immediate needs?(check all that apply) Food Utilities Transportation Crisis prevention	Comments:	
4.	Are you or any member of your family receiving? (check all that apply) TANF Food Stamps OHP ERDC Social Security (SSA, SSI, SSD) Other _____	Comments:	
5.	Other needs? (check all that apply) Medical Dental Optical Professional Clothing	Comments:	
6.	Are you doing any volunteer work? Where? How often?	Yes No N/A Other	
CATEGORY: Career / Skills Assessment			
7.	Have you had a career assessment or counseling?	Yes No N/A Other	
8.	Are you interested in career counseling?	Yes No N/A Other	
9.	Are there specific sectors of employment that you have an interest in? What are they?	Yes No N/A Other	
10.	Have you ever owned your own business? What?	Yes No N/A Other	
11.	Have you taken small business classes? When and Where?	Yes No N/A Other	
CATEGORY: Employment			
12.	Are you currently working? Full Time Part Time	Yes No N/A Other	
13.	Are you able to work?	Yes No N/A Other	
14.	If you are currently employed? Start date Beginning wage _____ Current wage Employer _____	Comments:	
15.	If unemployed, what is your most recent work experience _____, average years employed _____, average rate of pay _____, and average hours per week _____?	Comments:	

16.	In what job field do you have the most experience?	Comments:			
17.	Do you have a certification in a specialized career field, trade, or vocation?	Yes	No	N/A	Other
18.	Are you interested in vocational or other job training services?	Yes	No	N/A	Other
19.	Are you currently receiving assistance for job placement?	Yes	No	N/A	Other
20.	Would you like assistance with job search or job placement services?	Yes	No	N/A	Other
21.	Are you registered with WorkForce Service?	Yes	No	N/A	Other
CATEGORY: General Employment Needs / Barriers					
22.	Are your computer skills adequate for the kind of employment you are seeking?	Yes	No	N/A	Other
23.	Would you like to take or need to take computer classes?	Yes	No	N/A	Other
24.	Do you have a resume?	Yes	No	N/A	Other
25.	Do you own a computer?	Yes	No	N/A	Other
26.	Do you have internet at home or access elsewhere?	Yes	No	N/A	Other
27.	Are there factors that limit your availability to work; financial, transportation, medical conditions, family obligations, etc? What?	Yes	No	N/A	Other
28.	Do you have any type of criminal history that is a barrier getting desired employment? What?	Yes	No	N/A	Other
29.	Has it been expunged or need to be expunged?	Yes	No	N/A	Other
CATEGORY: Education					
30.	Do you have your H/S or GED diploma?	Yes	No	N/A	Other
31.	Are you currently enrolled in a GED, ABE, or high school completion program?	Yes	No	N/A	Other
32.	Do you feel your language skills are adequate for the kind of employment you are seeking?	Yes	No	N/A	Other
33.	Do you have Post-Secondary Education? Year _____ Degree _____	Comments:			
34.	Are you currently enrolled in Post-Secondary education? What _____, Where _____, and completion Date _____?	Yes	No	N/A	Other
35.	Do you plan or would like to return to school or individual classes?	Yes	No	N/A	Other
36.	If yes, what are your educational goals?	Comments:			
37.	For what would you like to return? (check all that apply) GED/HS completion ESL/ENL 2 yr college 4 yr college Apprenticeship Computer Basics Vocational Training Short Term Training Small Business	Comments:			
CATEGORY: Youth Information					
38.	Do you currently have reliable child care?	Yes	No	N/A	Other
39.	Number of children that need child care? Ages?	Comments:			
40.	Are your children attending school or secondary education?	Yes	No	N/A	Other
41.	Do your children need support with high school completion or alternative education resources?	Yes	No	N/A	Other
42.	Are your children interested in job search or employment support services?	Yes	No	N/A	Other

CATEGORY: Financial / Credit Needs			
43.	Are you able to pay your bills on time?	Yes No N/A Other	
44.	Have you ever received services from a credit-counseling agency?	Yes No N/A Other	
45.	Have you ever attended budget management workshops?	Yes No N/A Other	
46.	Do you have a Savings or Checking account?	Yes No N/A Other	
47.	Have you ever requested a credit report? When?	Yes No N/A Other	
48.	Would you like assistance with: (check all that apply) Budgeting Financial Counseling Credit Counseling Homeownership Other / What? _____	Comments:	
49.	Is Homeownership one of your goals?	Yes No N/A Other	
50.	Have you owned your own home?	Yes No N/A Other	
51.	Have you attended homeownership classes? When and Where?	Yes No N/A Other	

CATEGORY: Health			
52.	Do you have personal support system in place for yourself?	Yes No N/A Other	
53.	Do you have health insurance?	Yes No N/A Other	
54.	Do you want or need assistance or counseling with the following? (Check all that apply) Physical Health Depression Mental Health Stress Domestic Violence Life Threatening disease Drug Alcohol Family Issues Other / What? _____	Comments:	
55.	Are you currently working with any other agency that provides supportive services? Who?	Yes No N/A Other	

CATEGORY: Transportation			
56.	Do you own a vehicle? Are you making payments? Interest rate _____	Yes No N/A Other Yes No N/A Other	
57.	Is your car in good working order?	Yes No N/A Other	
58.	Do you have access to public transportation?	Yes No N/A Other	
59.	Do you have a valid driver's license	Yes No N/A Other	
60.	If you answered no to the previous question, have you ever had a license?	Yes No N/A Other	
61.	Do you have other licenses: CDL, motorcycle, etc? What?	Yes No N/A Other	
62.	Do you have any traffic violations: parking tickets, DUI, etc?	Yes No N/A Other	

CATEGORY: Other			
63.	Are you a United States citizen?	Yes No N/A Other	
64.	Would you like to become a United States citizen?	Yes No N/A Other	
65.	Is there anything you feel is a barrier that we have not addressed and wish to address?	Comments	

Additional Comments: _____

